

Attorney or Party Name, Address, Telephone & FAX Numbers, and California State Bar Number <i>Attorney for</i>	FOR COURT USE ONLY
UNITED STATES BANKRUPTCY COURT CENTRAL DISTRICT OF CALIFORNIA	
In re:	CHAPTER _____ CASE NUMBER _____ DATE: _____ TIME: _____ COURTROOM: _____
Debtor.	

PLAN BALLOT SUMMARY

(NOTE: The Plan Proponent must file a Plan Ballot Summary at least three (3) Court days prior to the Confirmation Hearing.)

1. Proponent of Plan (*Specify Name*):
2. Are any competing plans filed with the Court? ☐ Yes ☐ No
3. Is a cramdown requested? ☐ Yes ☐ No
4. Unimpaired Classes (*Specify Class Numbers*):
5. Impaired Classes (*Specify Class Numbers*):
6. Has any impaired class approved the Plan? ☐ Yes ☐ No
 (If YES, specify which class or classes):
7. The following is the voting summary by creditor class:

	ACCEPTING					REJECTING			
	Number	%	Amount	%		Number	%	Amount	%
Class 1									
Class 2									
Class 3									
Class 4									
Class 5									
Class 6									

Other Classes: ☐ See attached Continuation Page

Dated: _____ Firm Name: _____

By: _____ Name: _____
Attorney for Plan Proponent